

BEDFORDSHIRE COUNTY COUNCIL

REPORT

of the

Principal

School Medical Officer

for

1968

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TO THE CHAIRMAN AND MEMBERS OF THE BEDFORDSHIRE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

During 1968 the work of the School Health Service was maintained but as in previous years the service was hampered by staff shortages. Dr. Elizabeth Buckley resigned in July to take up a similar appointment with another authority and it was not possible to replace her. There were also a number of changes in the part-time professional staff. Once again the claim may be made that on the whole the standard of health of schoolchildren in Bedfordshire is very good. There were no serious outbreaks of infectious diseases. It is, however, necessary to remind the public constantly of the importance and value of the immunisation programmes which are carried out in the schools and clinics.

In his report the Consultant Child Psychiatrist Dr. Black refers to the important development of Joint Consultation Clinics for handicapped children both in the North and South of the County. These were commenced and are organised by Dr. Nicol, Principal Medical Officer for Mental Health, but deal with handicapped children of all ages. These clinics provide an opportunity for specialists and representatives of other departments and agencies concerned, to meet together to discuss certain children whose problems involve the help of more than one Department or agency.

The statistical section of the Report gives the required details of the services provided.

The body of this Report has been prepared by Dr. E. E. Henderson, Deputy County Medical Officer, to whom I am grateful. I also wish to extend my thanks to the Headteachers throughout the County and my colleagues in the Education Department for their continued help and co-operation, without whose assistance it would have been impossible to carry out the work. I am indebted to the Chairman, Alderman F. H. Russell, and members of the Special Services Committee for their continued interest and encouragement throughout the year.

I have the honour to be,

Your obedient servant,

M. C. MACLEOD,

*County Medical Officer of Health
and Principal School Medical Officer.*

Health Department,
Phoenix Chambers,
High Street, Bedford.
April, 1968.

STAFF, 1968

Principal School Medical Officer

M. C. MACLEOD, M.D., D.P.H.

Deputy Principal School Medical Officer

E. ELLICE HENDERSON, M.B., B.S., D.P.H.

Senior School Medical Officers

A. W. C. LOBBAN, M.B., Ch.B., D.P.H.

G. R. THORPE, M.B., Ch.B., D.P.H.

School Medical Officers

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

M. ELIZABETH BUCKLEY, M.B., B.Ch., D.P.H. (resigned 30.7.68)

MARY B. DASTGIR, M.B., Ch.B., D.P.H.

ANNE H. SELWOOD, M.B., Ch.B.

CICELY STEER, M.B., B.S., D.C.H.

School Medical Officers (Part-time)

ANNE J. BURGE, M.B., B.S., D.C.H., D.P.H.

SYLVIA D. MUNRO, M.R.C.S., L.R.C.P.

MARGARET M. TODD, M.B., B.Ch.

Chief Nursing Officer

WINNIE FROST, S.R.N., S.C.M., Q.N., H.V.

Principal School Dental Officer

H. W. S. SHEASBY, L.D.S.

Orthodontist (Part-time)

M. B. EAGLAND, B.Ch.D., L.D.S. (resigned 13.9.68)

C. J. R. KETTLER, B.D.S., L.D.S., D.Orth. F.D.S. (appointed 16.9.68)

Area Dental Officers

R. BURMAN, B.D.S., L.D.S., R.C.S.

C. B. PALMER, L.D.S., R.C.S.

J. E. CRUICKSHANK, L.D.S. (resigned 30.9.68)

School Dental Officers

MARGARET A. ARMSTRONG, L.D.S. (part-time)

C. C. INGROUILLE, B.D.S.

R. E. POTTS, B.D.S.

ROSEMARY H. LONGHURST, B.D.S. (part-time)

FRANCES D. MORRIS, L.D.S. (part-time)

Dental Officers

P. A. DUNSTAN, L.D.S. (resigned 15.11.68)
 Air-Commodore W. V. A. DENNEY (part-time)
 M. G. PHYPER, B.D.S. (part-time) (resigned 26.7.68)

Dental Auxiliaries

RUTH S. JARVIS
 PENELOPE ANNE MASON (resigned 21.6.68)
 LINDA ANN NORMAN

Dental Anaesthetists

H. JARVIS
 P. J. W. HOWES, M.B., B.S.
 M. G. L. LUCAS, M.B., Ch.B.

Consultant Child Psychiatrist

J. M. BLACK, M.B., B.S., D.P.M.

Educational Psychologists

MARION BENNATHAN, M.Com., B.A. (part-time)
 PRUDENCE J. WATSON, M.A., Dip. Psych. (resigned 10.5.68)
 PHOEBE P. DAVISON, M.A., Hons. Psych. (appointed 9.68)

Psychiatric Social Workers

MABEL V. G. BISHOP, B.Sc. (Social Science Cert.) (appointed 8.7.68)
 SHEILA M. DAVIES, B.Sc. (Social Science Cert.) (part-time)
 (appointed 4.3.68)
 MARGERY LOVELL, A.A.R.S.W. (part-time) (appointed 27.3.68)

Social Worker

MARY RUTH McLATCHIE, B.S. (U.S.A.) (resigned 30.9.68)

Orthoptist

MARIAN E. WHITEHOUSE, B.D.O. (resigned 30.8.68)
 JUDITH WOOLISCROFT, B.D.O. (appointed 9.9.68)

Speech Therapists

ANN L. CLAXTON-SMITH, L.C.S.T. (part-time) (appointed 7.10.68)
 LINDA ANN COOPER, L.C.S.T. (resigned 10.5.68)
 CHRISTINE DUFFIN, L.C.S.T. (part-time) (appointed 9.9.68)
 KATHLEEN W. FAUX, L.C.S.T. (resigned 13.12.68)
 MURIEL J. GEORGE, L.C.S.T. (part-time)
 PATRICIA A. POLLARD, M.C.S.T. (Senior as from 13.5.68)
 ROSALINE H. WHITE, L.C.S.T. (appointed 4.11.68)

Audiometricians

EILEEN MARY THOMAS (part-time)
 MARY A. RICKARDS (part-time)

Health Education and Statistics Officer

C. J. GUY, D.P.A., F.S.S.

SWIMMING POOLS

The number of school pools is now 120 and continues to increase.

It was decided, as administration of the pools was becoming difficult, to introduce daily readings for chlorine content and other data regarding the condition of the water, on a chart to be returned fortnightly. This simplified administration, in that the pools that were giving extraordinary readings could be visited and advice given to the pool operator on what action to take to correct the deficiency. All school pools were sampled regularly for chlorine and bacteriological content and where the samples were found to be unsatisfactory the schools were advised and remedial action taken.

Private and public pools, used by school children, were also visited regularly and samples were taken by the Public Health Inspectors of the District Councils concerned. All the pools have continuous filtration and chlorination points, which ensure that the water is constantly being purified and sterilised.

The maintenance of satisfactory water for swimming is not difficult once the basic principles are understood. It occasionally happens, however, that it falls to a layman to operate and manage the swimming pool. Invariably difficulties arise, but once the difficulties are known every effort is made by the County Health Inspector to render assistance to the operator with advice and practical help.

CHILD GUIDANCE SERVICE

The work of the Service has increased during the year in various ways. The number of referrals has continued to rise; there were 198 new referrals at the Bedford Clinic, compared with 167 in 1967; and 137 new referrals at Dunstable Clinic, compared with 115 in 1967. A regular Clinic is now also being held at the Bassett Road Health Centre, Leighton Buzzard, to serve families in this area.

One of our main problems continues to be the size of the waiting list, but some progress has been made towards reducing this, and priority is always given to urgent cases.

At both Bedford and Dunstable Clinics a daily class is held for children who are temporarily unable to attend their normal school because of emotional difficulty. Also during the last year, a twice weekly class has been started at Bedford for children of infant school age who are too disturbed or disturbing to fit into ordinary school. This class has been useful in offering some education to children for whom there is at present no other placement, and it has also been used successfully for observing children over a period of time. In addition, for some children the class has a therapeutic function.

Miss M. V. Bishop, Senior Psychiatric Social Worker, joined the staff at Bedford in July, and Miss P. P. Davison, Educational Psychologist, came to the Dunstable Clinic in September. Miss Bishop has undertaken in addition to her other duties, preventive work with the families of children under fives referred to the clinic, and in dealing with such families, she welcomes co-operation with the Health Visitors concerned.

We think it important to maintain good contacts with others who are also concerned with the children whom we see. This particularly applies to the schools so that the Educational Psychologist can discuss a child's difficulties in the light of the Clinic's findings, and also be available to Head Teachers who wish to discuss children whom they feel may be in need of Child Guidance help. We have also been glad to take part in the Joint Consultation Clinics which are now held both in the North and South of the County, because these provide an opportunity for specialists in different fields to meet together to discuss certain children whose problems involve the help of more than one agency.

	<i>Bedford Clinic</i>			<i>Dunstable Clinic</i>	
Number of cases referred during the year	...	...	...	198	137
<i>Sources of Referral</i>					
School Medical Officers	...			79	38
Hospitals	...	...	...	14	4
General Practitioners	...	...	...	54	35
Other Sources	...	...	...	51	60

MEDICAL INSPECTIONS

There are 170 schools in the County and during the year 99 schools were visited for medical inspection. This was 65 fewer than in 1967. The service was already well below the establishment for medical officers and when Dr. Buckley resigned in July it was not possible to recruit a replacement for her. Also another medical officer was on a D.P.H. course for the year.

Details of children examined and defects discovered are given in the statistical tables at the end of the report.

AUDIOMETRY

The work in this sphere continues along the same lines as last year with the routine testing of Infants as soon as possible after entering school and the testing of those referred by S.M.O.s and others.

Teachers are now more aware of the fact that slow reaction, backwardness, disobedience and nervousness may be due to a hearing loss and so call upon the Audiometric service when they are in any doubt about a child.

The conditions for testing vary considerably. It is not often that the right degree of "quiet" is available but Headteachers co-operate to the fullest possible extent, and this has been much appreciated.

Details of tests carried out during the year : —

Sweep testing

No. of infants tested ...	...	...	...	...	5,485
No. of infants passed ...	...	...	...	...	5,310
No. of infants failed ...	...	...	...	...	175

Specials (referrals and re-tests)

Pass ...	...	...	...	...	227
Fail ...	...	...	...	...	183
Total No. of tests carried out	...	...	...	...	5,895

HEALTH EDUCATION

Over the years there has been a change of outlook regarding health education. It is no longer just a question of keeping clean and avoiding disease. The aim now is to give children a knowledge and understanding of their bodies and to equip them for the life ahead so that they may safeguard and use to the full whatever physical and mental endowments they have, behaving with responsibility and restraint, and respecting the rights of others. This aim may be compared with the following quotations : —

“Children need to be themselves, to live with other children and with grown-ups, to learn from their environment, to enjoy the present, to get ready for the future, to create and live, to learn to face adversity, to behave responsibly, in a word, to be human beings.”

—(Plowden Report, para. 507.)

“Pupils will have personal problems of conduct and belief and need congenial circumstances in which to discuss them. As young adults they will have to begin to learn how to manage more complex human relations, with their fellows, of the same and of the opposite sex, with older people, in their private lives and in their future jobs. They will need guidance on social manners, in every sense. They will need to acquire some awareness of a wider world beyond the limits of themselves and their jobs. They will need to be helped to understand, at whatever level of comprehension is possible to them, some of the issues of our time. Their full vocation is to grow up as people who can take their place in the world with some degree of proper pride in what they are and in what they hope to attain.”

—(Newson Report, para. 117.)

In other words, health education is part of education in its widest sense. And an integral part of health education is sex education. Much thought has been given to this particular aspect in Bedfordshire and various approaches have been tried. There is no “blue-print” and the view is taken that each school has to evolve the method that best suits it. There are, however, certain guide-lines : —

1. The purpose. The negative reason, to prevent venereal disease and illegitimacy, is not enough. We want children to grow up into mature adults who will be able to establish stable relationships and live full and happy lives.

2. Perspective. The complaint is often made these days that sex pervades everything. There is a need, therefore, to restore the balance and to view sex against the background of daily living. In other words, information about sex should be given in the context of learning about living.

3. Method. There is a common misconception that a group of talks (or even, in some cases, one talk) at an "appropriate" time will do the trick. No child can be expected to absorb any subject so quickly or so completely. And a subject that involves powerful emotions, cultural patterns, taboos and prejudices needs long and careful preparation. Thus it seems sensible for a start to be made in the primary school with an account of the working of the body, revising and expanding as the child gets older in the same way as with other subjects. The reproductive system will then be dealt with as part of the whole and not as something apart. The problems of growing up, new emotions, patterns of behaviour, human relations, etc. can then be tackled at the secondary stage in the knowledge that the pupil really knows the basic facts.

It was with these points in mind that two one-day conferences for teachers were organised during the year in collaboration with the Education Department. A third conference is planned for March, 1969. In the primary school, particularly, there is a real danger that it would distort the perspective for an outsider to go in to deal with this one aspect of education. The function of the Health Department should be to help the teacher (with advice, visual aids, information, etc.) rather than to do the teaching. At the secondary level, essentially the need is for someone whom the pupils can respect and trust so that personal problems can be discussed freely and frankly. There may not always be a suitable member of the teaching staff able and willing to undertake this task and in such cases an outsider can make a valuable contribution as a regular visitor to the school. The Health Visitor with an aptitude for teaching can often meet this need.

For the past five years, help of this sort has been provided to a limited number of schools and one health visitor has been fully occupied in this work in four schools throughout the period. In addition, other health visitors have given series of talks in six other secondary schools. Discussions with individual pupils often take place when the Health Visitor calls at the school for other reasons.

Various methods have been tried to inform girls of 10 and 11 years of age about menstruation, sometimes by the school alone and sometimes with the assistance of the Health Department. Undoubtedly the best method is when boys and girls in the primary school learn about it together as part of biology or the science of life. When

the girls are separated from the boys just for this one lesson, especially when it is given by an outsider, great curiosity is engendered in the boys !

In a few primary schools, an evening talk and film show to mothers on menstruation has been followed a week later with a session to which the mothers were invited to bring their daughters. In two other schools, it has been treated as a family affair, the session for parents being followed by one for parents and children.

The involvement of parents is important, if only so that the children can know that their mothers and fathers know. In some areas the Health Education Officer has spoken to parents on "What and how shall I tell my Child ?" However, the practice followed by some head teachers of making sex education something special and then asking parents if they wish their children to have this information can lead to unfortunate results. One thing is certain, the child who is excluded will get the information at second-hand instead of first-hand with all the risks of distortion in the process.

Time-table for Injections

Visit	Age	Vaccine	Interval
1st	3 months	Triple (diphtheria, tetanus and whooping cough) plus oral polio	4 weeks
2nd	4 months	Triple (diphtheria, tetanus and whooping cough) plus oral polio	4 weeks
3rd	5 months	Triple (diphtheria, tetanus and whooping cough) plus oral polio	
4th	15 months	Smallpox	
5th	16 months	Booster of triple (diphtheria, tetanus and whooping cough) plus oral polio	
6th	School Entry (5 years)	Booster of diphtheria, tetanus and oral polio	
7th	Before transfer to Secondary School (10 years)	Booster of diphtheria, tetanus and oral polio	
	13 years	B.C.G.	
	14-15 years	Polio and tetanus toxoid	

It is intended to revise this time-table and the intervals between injections in 1969.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The past year has been another one showing a steady increase in the volume of treatment despite the continuing difficulty of recruitment of Dental Officers.

At intervals, there were several changes, but we finished the year with no overall difference in the staff available.

Nevertheless, output of work generally rose appreciably, except, unfortunately, for a slight fall in inspections, and rather less time was found for Dental Health Education talks. These failings we hope to eliminate next year, anticipating some slight improvement in recruitment by filling the two additional Area Dental Officer posts recently added to the establishment.

The new surgery at Dunstable was completed in January and was manned for almost the whole of the year, as also was the second surgery at Leighton-Linslade. The two new surgeries became available near the end of the year in the new Kempston Medical Centre. One of these has been equipped and will be in use early in the new year.

A new mobile dental clinic for the rural area around Luton and Dunstable is in course of construction. A second static dental centre within the Borough of Bedford is also now being built, at Queens Drive, Putnoe. It will serve also a limited number of patients from outside Bedford.

After the good start it had been given by Mr. M. C. Eagland (who was succeeded in September by Mr. C. J. R. Kettler) the Orthodontic service continues to have an increasingly heavy case load. For the convenience of the public, it is still conducted from four main centres.

MILK IN SCHOOLS SCHEME

This year has seen a revision in Government policy, with the result that only primary schools are now receiving free one-third pints of milk under the scheme. 143 County Council maintained schools and 21 non-maintained schools receive a supply of milk, which, with the exception of one school, is pasteurised. The excepted school receives a tuberculin tested, farm bottled raw milk, which is sampled once every four weeks.

During the year, 228 samples of milk were taken from the suppliers and submitted to the Public Health Laboratory for testing. 11 samples failed the tests but follow-up samples proved satisfactory.

One of the schools was supplied with sour milk during the year and legal proceedings were instituted.

SCHOOL MEALS SERVICE

157 schools in the County participated in the School Meals Service and approximately 34,200 meals are prepared daily in 124 kitchens.

Over the year there have been no outbreaks of food poisoning as a result of meals served in schools. For the number of meals prepared this is a commendable achievement and credit must go to all the personnel involved in this service.

TREATMENT OF DEFECTS

Orthoptic Clinics

In August, 1967 both department and patients were sorry when Mrs. Whitehouse resigned. During her 5 years as Orthoptist the Bedford clinic patient load has increased considerably and in 1963 she opened the now well-established clinic at Dunstable.

Thanks are offered to Mrs. Whitehouse, who gave much assistance to her successor, Miss Wooliscroft, who was appointed in September, 1967.

As in 1967 nearly 50% of the children referred to both clinics were of pre-school age. As a result of earlier diagnosis, observation and routine checks tend to replace weekly therapeutic exercises which require active co-operation from the patient.

The noticeable decrease in the number of cases discharged is not as discouraging as it might appear. The increasing early referral age of the past few years extends the length of orthoptic supervision, as discharge before the age of 8 years is inadvisable in many cases.

Bedford Clinic

The following is a statement of the year's work :—

Tests	...	...	...	...	1,453
Treatments	...	...	...	...	148
New cases	...	...	...	...	222
Total	...	...	...	...	1,823

Discharges

Cosmetic improvement	...	...	...	...	19
Cured	...	...	...	...	29
No apparent deviation	...	...	...	...	28
Transferred or moved	...	...	...	...	30
Failed to attend	...	...	...	...	8
Unsuitable for treatment	...	...	...	...	7
Refused treatment	...	...	...	...	3
Total	...	...	...	...	124

83 cases had surgery at South Wing Hospital.

Dunstable Clinic

Tests	...	...	...	...	520
Treatments	...	...	...	...	63
New cases	...	...	...	...	71
Total	...	...	...	...	654

Discharges

Cosmetic improvement	...	...	...	...	10
Cured	...	...	...	...	3
No apparent deviation	...	...	...	...	4
Transferred or moved	...	...	...	...	6
Failed to attend	...	...	...	...	7
Unsuitable for treatment	...	...	...	...	4
Total	...	...	...	...	34

28 cases underwent surgery at the Luton & Dunstable Hospital.

Ophthalmic Treatment

During the year 1,113 appointments were made through the School Health Service for school children in the County area to be examined by the Ophthalmic surgeons for errors of refraction, squint and other eye conditions.

DISEASES AND DEFECTS OF THE EAR, NOSE AND THROAT

The following statement gives details of the number of children of school age in the County who received operative treatment for diseases and defects of the Ear, Nose and Throat at the Bedford and Luton General Hospitals during 1968 : —

	Bedford Hospital	Luton & Dunstable Hospital
(a) for diseases of the ear ...	57	2
(b) for adenoids and chronic tonsillitis ...	382	135
(c) for other nose and throat conditions ...	20	21
(d) received other forms of treatment ...	22	2
	481	160

REPORT OF THE SENIOR SPEECH THERAPIST

In 1968 the establishment was raised to 6 full-time Speech Therapists and careful plans were made for a fully comprehensive service throughout the County and in Bedford Borough. Unfortunately there were staff shortages throughout the year which meant a severe curtailment of those plans.

In the southern half of the County, all Speech Therapy Clinics were fully staffed and regular sessions were held at Houghton Regis, Dunstable, Leighton Buzzard, Barton, Ampthill, Stotfold, etc. In other parts of the County, including Bedford itself, fewer clinics were held, resulting in long waiting lists.

Fortunately towards the end of the year three new Speech Therapists were appointed (two part-time and one full-time) and many clinics were able to be re-opened.

Throughout the year the policy of the department has been to help, advise or treat as many children as possible both pre-school and school-age. Regular treatment sessions have been held at The Grange and St. Margaret's E.S.N. Schools, the two Junior Training Centres, School Clinics as well as in many primary schools and homes.

The help and co-operation of health visitors, head teachers, audiometricians, members of the child guidance department and other members of the Health Department, has been of great value.

Total number of County children seen for review or regular treatment	...	...	...	...	551
Total number discharged during 1968	...	...	...	...	219
No. of children on the waiting list December 31st, 1968	...	...	...	...	130
No. of sessions held during the year	...	...	...	...	875

HANDICAPPED PUPILS

The Minister of Education in the School Health Regulations, 1953 has defined the following ten categories of children who require special educational treatment : —

- (1) Blind.
- (2) Partially sighted.
- (3) Deaf.
- (4) Partially hearing.
- (5) Educationally sub-normal.
- (6) Epileptic.
- (7) Maladjusted.
- (8) Physically handicapped.
- (9) Speech defect.
- (10) Delicate.

The Education Act, 1944, placed on Local Authorities the specific duty of ascertaining children who require such special education, and of providing it, if necessary, from the age of two years. With the exception of blind or deaf children, handicapped children are, whenever and wherever possible, admitted to the local school so that they may remain within the framework of the local community.

Sometimes this has called for the supply of equipment such as desk magnifiers, hearing-aids, and for special seating arrangements, or transport facilities.

It is usual to obtain the co-operation of a number of departments of the County Council in reaching a solution to some of the problems, social and material, affecting handicapped children.

The following statement sets out the schools which handicapped pupils from the County area were attending at the end of the year.

Blind and Partially Sighted Pupils

	Boys	Girls
Worcester College for the Blind, Worcester ...	1	—
Lickey Grange School, Bromsgrove, Worcs. ...	2	—
East Anglian School, Gorleston-on-Sea, Norfolk ...	4	1
Sunshine Home School, Leamington Spa ...	1	1
Exhall Grange School, Warwickshire ...	1	—
	—	—
Total ...	9	2
	—	—

Deaf and Partially Hearing Pupils

Moorhouse School, Oxted, Surrey ...	2	—
Woodford School for Deaf Children, Woodford Green, Essex ...	1	1
Mary Hare Grammar School for the Deaf, Newbury, Berks. ...	—	1
Royal School for Deaf Children, Edgbaston, Birmingham ...	1	—
Tewin Water School, Welwyn, Herts. ...	3	2
Elmete Hall School for the Partially Deaf, Leeds ...	—	1
Bridge House School, Harewood, Yorks. ...	1	—
East Anglian School, Gorleston-on-Sea, Norfolk ...	—	1
Summerfield School for Deaf Children, Malvern, Worcs. ...	2	—
Royal Cross School for Deaf, Preston ...	1	—
Royal School for Deaf Children, Margate ...	—	1
Royal School for the Deaf, Manchester ...	1	—
Convent School, Hitchin, Hertfordshire ...	1	—
	—	—
Total ...	13	7
	—	—

Delicate Pupils

Palingswick House, Hammersmith, London	...	1	—
St. Patrick's Open-Air School, Hayling Island,			
Hants.	... ..	—	1
Valence School, Westerham, Kent	... ..	1	—
Tylney Hall School, Basingstoke, Hants.	... ..	1	—
Laleham House School, Margate, Kent	... ..	1	1
		—	—
Total	... ..	4	2
		—	—

Maladjusted Pupils

Saint Francis School for Boys, Dorset	... ..	1	—
Royal Wanstead School, London	... ..	2	—
Muntham House School, Sussex	... ..	1	—
Brookside School, Craven Arms, Shropshire	... ..	3	—
House in the Sun, Hengrove, Bucks.	... ..	—	1
Shotton Hall School, Shrewsbury, Shropshire	... ..	1	—
Pitt House School, Torquay, Devon	... ..	3	—
Cam House School, Dursley, Glos.	... ..	1	—
Tylney Hall School, nr. Basingstoke, Hants.	... ..	1	—
Convent of St. Francis de Sales, Tring	... ..	—	1
Badgeworth Court School, Gloucestershire	... ..	1	—
Bladen House, Newton Folney, Staffs.	... ..	1	—
Morley Hall Hostel, Wymondham, Norfolk	... ..	1	—
Eccles Hall, Quidenham, Norfolk	... ..	1	—
Stonelake House School, Chudleigh, Devon	... ..	1	—
St. Peter's Boarding School, Yorkshire	... ..	—	1
Royal Grammar School, Worcs.	... ..	1	—
		—	—
Total	... ..	19	3
		—	—

Physically Handicapped Pupils

		Boys	Girls
Elmfield School, Harpenden, Herts.	... ..	2	2
Trueloves School, Ingatestone, Essex	... ..	2	—
Thomas Delarue School, Tonbridge, Kent	... ..	2	—
Florence Treloar School, Holybourne, Nr. Alton	... ..	—	1
Halliwick School for Physically Handicapped			
Girls, Middx.	... ..	—	1
Valence School, Westerham, Kent	... ..	1	—
The Roger Ascham School, Cambridge	... ..	1	—
John Greenwood Shipman Home, Northampton	... ..	—	1
		—	—
Total	... ..	8	5
		—	—

MEDICAL EXAMINATION OF TEACHERS

It is the duty of the School Medical Officers to carry out medical examinations on entrants to the teaching profession and in the majority of cases those examinations are carried out prior to admission to teacher training colleges.

The statistical details appear in Table 8 where it will be seen that in all 219 such examinations were carried out during the year.

In addition to young entrants, temporary supply teachers and married women who are returning to the profession after a number of years are also examined. The examinations not only consist of a complete physical investigation but also of an X-ray of the chest and such other specialist examinations as may appear to be indicated.

Candidates are placed in one of five categories. Those in good health and free from any physical defect in category A.1 ; those who are in good health but have a defect not likely to interfere with their efficiency in teaching in A.2 ; and if the defect is likely to some slight extent to interfere with their efficiency in teaching, though not seriously enough to make them unfit, they are placed in category B.1. Category B.2 is intended for candidates in subnormal health for a temporary period and usually those candidates are re-examined after a time. Any candidate who is unfit is placed in category C.

FURTHER EDUCATION AND TRAINING

The following is extracted from the 1967/68 Report on the Youth Employment Service : —

Handicapped Pupils

Youth Employment Officers have continued to make every effort to help handicapped young people find suitable employment or, where appropriate, embark on assessment courses or courses of further training.

Thirty-two young people were eligible to leave the Authority's two special schools for educationally sub-normal children, St. Margarets School and Grange School, during the period and Youth Employment Officers paid several visits to the schools to interview them. The parents of these boys and girls were either invited to the interview at school or invited into the nearest bureau. On occasion, the Youth Employment Officer visited them at home.

In addition to the interviews, a careers programme consisting mainly of visits to local firms was organised by the Service for the School leavers at Grange School.

As well as the young people leaving these two special schools there were others with physical handicaps requiring the help of the Youth Employment Officers. Handicaps included deafness, partial sight, arthritis and heart conditions. By no means all of these boys and girls registered under the Disabled Persons (Employment) Act, 1944. Six did so, however, during the period, and on the 30th September, 1968 there were 10 boys and girls registered as disabled persons.

It is inevitably more difficult to find suitable employment for young people who are handicapped, particularly if they do not live in an industrial area, and so the improvement in the general employment situation is not necessarily reflected in the employment of handicapped young people. However, the officers of the Service would like to express their appreciation to the employers whose sympathetic attitudes enabled many handicapped young people to find satisfactory employment.

At Bedford, Youth Employment Officers continued to hold regular meetings to discuss possible openings for more difficult cases and they have found this system very helpful. Liaison with officers from other Departments of the Authority and with the Disablement Resettlement Officers of the Department of Employment and Productivity is in many cases essential. The Youth Employment Officers have greatly appreciated the co-operation they have received.

GENERAL STATISTICS

TABLE 1

School Population September, 1968—

Secondary	...	...	...	12,269
Primary	...	...	...	22,059
Nursery	...	...	...	110
Special	...	...	...	231
Total				34,669

School Clinics

TABLE 2

Name and Address	Type of Treatment provided	Frequency of Weekly Session
Health Clinic, Union Street, Bedford.	Audiometry Child Guidance Dental Orthoptic Speech Therapy	As required 6 10 4 8
Health Clinic, The Lawns, The Baulk, Biggleswade.	Dental Speech Therapy Routine School Medical Inspection (where school facilities are poor)	6 1 As required
Health Clinic, Kingsway, Dunstable.	Audiometry Child Guidance: Psychiatrist Educational Psycholo- gist Dental Speech Therapy Orthoptist	As required 3 10 5 4
Health Clinic, Bassett Road, Leighton Buzzard.	Audiometry Dental Routine School Medical Inspection Speech Therapy	As required 8 As required 3
Health Clinic, Tithe Farm Road, Houghton Regis.	Dental Speech Therapy Audiometry	10 4 As required
Health Clinic, Halsey Road, Kempston.	Dental Speech Therapy Audiometry	6 2 As required
Stotfold (The Health Clinic, 7 Hitchin Road)	Speech Therapy	1
Barton (Youth Hut, Sharpenhoe Road)	Speech Therapy	1
Chapel Hall, Harlington.	Speech Therapy	1

TABLE 3

MEDICAL INSPECTION AND TREATMENT**(a) Periodic Medical Inspections**

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excl. squint)	for any other condition recorded at (c)	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 and later ...	11	11	—	—	—	—
1963 ...	1257	1256	1	65	125	175
1962 ...	1616	1614	2	94	129	210
1961 ...	173	173	—	16	26	39
1960 ...	107	106	1	6	14	20
1959 ...	55	55	—	6	7	13
1958 ...	439	439	—	23	25	48
1957 ...	899	898	1	51	43	93
1956 ...	486	486	—	37	20	55
1955 ...	105	105	—	9	5	13
1954 ...	102	102	—	9	2	11
1953 and earlier	1477	1475	2	85	35	118
Total ...	6727	6720	7	401	431	795

Col. (3) total as a percentage of Col. (2) total ... 99.97%

Col. (4) total as a percentage of Col. (2) total 02%

(b) Other Inspections

Number of Special Inspections ...	36
Number of Re-inspections ...	2,787
Total ...	2,823

TABLE 4

CLEANLINESS

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	60,354
(b) Total number of individual pupils found to be infested	137
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

TABLE 5

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with				
External and other, excluding errors of refraction and squint	...	...	...	...	5
Errors of refraction (including squint)	...	...	...	...	8,320
Total					8,325
Number of pupils for whom spectacles were prescribed					4,859

TABLE 6

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:	
(a) For diseases of the ear	64
(b) For adenoids and chronic tonsillitis	934
(c) For other nose and throat conditions	86
Received other forms of treatment	43
Total	1127
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) In 1968	14
(b) In previous years	68

(c) Defects found by Periodic and Special Medical Inspections during the year

Defect Code No.	Defect or Disease	PERIODIC								SPECIAL	
		Entrants		Leavers		Others		Total		(T)	(O)
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)		
4	Skin	9	55	9	16	12	25	30	96	—	1
5	Eyes—										
	(a) Vision ..	167	422	93	193	130	236	390	851	4	6
	(b) Squint ..	16	62	—	8	1	26	17	96	—	—
	(c) Other ..	4	6	—	3	1	4	5	13	—	—
6	Ears—										
	(a) Hearing ..	125	64	8	6	39	24	172	92	8	—
	(b) Otitis Media ..	2	30	—	4	2	4	4	38	—	1
	(c) Other ..	4	9	—	4	2	2	6	15	—	—
7	Nose and Throat	18	295	1	29	5	73	24	397	—	1
8	Speech.. ..	31	73	1	1	9	14	41	88	2	6
9	Lymphatic Glands	2	40	—	1	—	2	2	43	—	—
10	Heart	9	33	3	7	1	12	13	52	—	—
11	Lungs	3	54	—	14	1	48	4	116	—	2
12	Developmental—										
	(a) Hernia ..	6	10	1	2	2	2	9	14	—	—
	(b) Other ..	1	45	1	4	15	29	17	78	—	—
13	Orthopaedic—										
	(a) Posture ..	2	20	—	8	3	20	5	48	—	—
	(b) Feet ..	17	96	—	15	6	30	23	141	—	—
	(c) Other ..	4	80	2	32	3	32	9	144	—	2
14	Nervous System—										
	(a) Epilepsy ..	2	13	—	7	—	13	2	33	—	—
	(b) Other ..	—	9	—	3	—	9	—	21	—	—
15	Psychological—										
	(a) Development ..	7	39	—	11	4	35	11	85	4	1
	(b) Stability ..	8	148	2	8	6	55	16	211	2	1
16	Abdomen ..	5	37	5	12	1	24	7	73	—	—
17	Other	14	59	5	13	3	24	22	96	1	—

NOTE : (T) = Cases requiring treatment.
(O) = Cases remaining under observation.

TABLE 7

DENTAL INSPECTION AND TREATMENT**Attendance and Treatment**

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	3517	2675	509	6701
Subsequent Visits ...	4814	6405	1179	12398
Total Visits ...	8331	9080	1688	19099
Additional courses of treatment commenced	723	397	45	1165
Fillings in permanent teeth	3025	6265	1635	10925
Fillings in deciduous teeth	4034	420	—	4454
Permanent teeth filled	2503	5308	1398	9209
Deciduous teeth filled	3755	376	—	4131
Permanent teeth extracted	241	1139	293	1673
Deciduous teeth extracted	4315	787	—	5102
General anaesthetics ...	1586	664	101	2351
Emergencies	293	142	13	448

Number of Pupils X-rayed	833
Prophylaxis	1259
Teeth otherwise conserved	1628
Number of teeth root filled	23
Inlays	2
Crowns	16
Courses of treatment completed	6243

Orthodontics

Cases remaining from previous year	25
New cases commenced during year	253
Cases completed during year	92
Cases discontinued during year	25
Number of removable appliances fitted	260
Number of fixed appliances fitted	34
Pupils referred to Hospital Consultant	10

Prosthetics

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	—	10	21	31
Number of dentures supplied	—	12	23	35

Anaesthetics

General Anaesthetics administered by Dental Officers ...	339
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Inspections

(a) First inspection at school—Number of Pupils	16007
(b) First inspection at clinic—Number of Pupils	3054
Number of (a) - (b) found to require treatment	9734
Number of (a) - (b) offered treatment	9139
(c) Pupils re-inspected at school or clinic	3984
Number of (c) found to require treatment	1949

Sessions

Sessions devoted to treatment	...	...	...	...	...	3075.45
Sessions devoted to inspection	...	...	...	...	...	280.35
Sessions devoted to Dental Health Education				...	...	56

TABLE 8

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHERS AND TO THE TEACHING PROFESSION

Candidates for Admission to Training Colleges

Medical Category			Male	Female	Total
A.1	...	...	25	88	113
A.2	...	...	10	65	75
B.1	...	...	—	4	4
B.2	...	...	—	—	—
C	...	...	—	—	—
Total	...		35	157	192

Candidates for Employment as Teachers

Medical Category			Male	Female	Total
A.1	...	...	4	8	12
A.2	...	...	7	6	13
B.1	...	...	—	2	2
B.2	...	...	—	—	—
C	...	...	—	—	—
Total	...		11	16	27

TABLE 9

NUMBER OF CHILDREN UNDER THE AGE OF 15 YEARS
NOTIFIED FOR THE FIRST TIME IN THE YEARS 1958 TO 1968 AS
SUFFERING FROM TUBERCULOSIS IN THE COUNTY, EXCLUDING BEDFORD
AND LUTON, AND THE NUMBER OF CHILDREN ON THE REGISTER AT
31ST DECEMBER, 1968.

County excluding Bedford and Luton	Respiratory			Non-Respiratory		
	Boys	Girls	Total	Boys	Girls	Total
No. of children notified in						
1958	2	6	8	1	3	4
1959	2	3	5	3	2	5
1960	9	13	22	1	2	3
1961	4	4	8	1	—	1
1962	11	4	15	2	—	2
1963	4	—	4	—	—	—
1964	4	4	8	—	3	3
1965	4	4	8	—	2	2
1966	4	4	8	—	—	—
1967	4	1	5	—	—	—
1968						
No. of children on register at 31.12.1968	13	15	28	2	3	5

TABLE 10

B.C.G. Vaccination

No. of children Heaf tested	...	...	...	...	...	1710
No. of children positive	...	...	...	...	...	138
No. of children negative	...	...	...	...	...	1450
No. of children vaccinated	...	...	...	...	...	1450
No. of children referred to Chest Clinic	...	...	...	...	...	49
No. of children found to have T.B.	...	...	...	...	...	—

TABLE 11

INFECTIOUS DISEASES

NUMBER OF CASES OF INFECTIOUS DISEASE IN CHILDREN AGED 5-14
YEARS NOTIFIED AND CONFIRMED DURING 1968.

	Male	Female
Scarlet Fever	19	17
Whooping Cough	23	25
Acute Poliomyelitis—		
Paralytic	—	—
Non-paralytic	—	—
Measles	143	170
Diphtheria	—	—
Acute Pneumonia	1	—
Erysipelas	—	—
Acute Infective Encephalitis	—	—
Dysentery	12	6
Enteric or Typhoid Fever	—	—
Paratyphoid Fever	—	—
Meningococcal Infection	—	—
Food Poisoning	—	—
Smallpox	—	—
Infective Hepatitis	2	—

TABLE 12

EDUCATION OF CHILDREN IN HOSPITALS

Name of Authority providing Education	Name of Hospital, Hospital Special School or Convalescent Home	No. of Children for whom education was provided in 1968
Barnet	Winifred House	2
Birmingham	Birmingham Children's Hospital Special School	0
Buckinghamshire	Stoke Mandeville Hospital	7
City of Cambridge	Addenbrookes Hospital	7
London Borough of Harrow	Royal National Orthopaedic Hospital	5
Herts. C.C.	Clare Hall Hospital, South Mimms Lister Hospital	4 5
London Borough of Hillingdon	Mount Vernon Hospital	3
L.C.C. Inner London	Hospital for Sick Children (Gt. Ormond St.)	2
Inner London C.C.	Guy's Eveline Hospital School	1
Oxford (City of)	Wingfield Hospital School	1
	Churchill Hospital	1
Surrey	"Coonbehurst," George Simon Home, Caterham	1
	Tadworth Court Hospital School, Tadworth	7
Wilts. C.C.	Marlborough Children's Convalescent Hospital School	3
	TOTAL	49

